



NOTICE OF TRAINING SCHEDULING

Trg-2

PROVIDER NAME: _____

TRAINING ACTIVITY TITLE: _____

LOCATION OF TRAINING: _____

DATE OF TRAINING: _____ TIME OF TRAINING: _____

LENGTH OF TRAINING: _____

THE AMERICANS WITH DISABILITIES ACT (ADA) Any private entity that offers training or examinations related to licensing for professional or trade purposes must offer such courses or examinations in a place and manner accessible to all persons, or offer alternative but equal arrangements. This may include the provision of auxiliary aids and services for persons with disabilities. For more information please contact your Equal Employment Opportunity Commission.

Provider Certification

I hereby certify that this program will be taught as it was submitted to and recognized by the Nebraska Real Estate Commission and conducted in compliance with the Nebraska Real Estate License Act and the Americans with Disabilities Act (ADA).

SIGNATURE OF CONTACT PERSON: _____ DATE: _____

PRINT NAME OF CONTACT PERSON: _____

NAME OF TRAINING FIRM: _____

PHONE NUMBER: _____ E-MAIL: _____

Additional Broker Certification

I hereby certify that I have reviewed the content of this training program and have deemed it to be appropriate training for those real estate licensees affiliated with my broker license and for whom I am professionally responsible. By signing this document I recognize that satisfactory completion of this program may serve to meet the training requirements of the Nebraska Real Estate Commission as stated in NEB. REV. STAT. §81-885.51.

SIGNATURE OF DESIGNATED BROKER: _____ DATE: _____

PRINT NAME OF DESIGNATED BROKER: _____

NAME OF REAL ESTATE FIRM: _____

PHONE NUMBER: _____ E-MAIL: _____